

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES										yr/mo/day		Inspection Type		Inspector		Fac Type	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
		T	N	0	0	0	4	9	8	7		13	-	11	S		S		2
Remarks																			
<div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>26</div> <div>27</div> <div>28</div> <div>29</div> <div>30</div> <div>31</div> <div>32</div> <div>33</div> <div>34</div> <div>35</div> <div>36</div> <div>37</div> <div>38</div> <div>39</div> <div>40</div> </div>																			
Inspection Work Days				Facility Self-Monitoring Evaluation Rating				BI		QA		Reserved							
67	68	69	70	71	72	73	74	75	76	77	78	79	80						

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Aggregates U.S.A. (Riverbend) LLC Forkes of The River Quarry (Limestone) Knox County NPDES TN0004987	Entry Time/Date A 1:40 11-12-2013	Permit Effective Date August 4, 2009
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Steve Cooke, Superintendent 865-528-8005	Exit Time/Date D 2:45 11-12-2013	Permit Expiration Date JAugust 3, 2014
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Travis Paris, Geologist P.O. Box 2389Knoxville, TN 37901 865-573-7625	Other Facility Data (e.g., SIC NAICS, and other descriptive information) No pump discharge was occurring at DMP 001. Site active at this time, all drainage from the affected areas is pumped and free flows back into the old quarry pit that does not discharge.	


Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/>	Permit	<input checked="" type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	MS4
<input type="checkbox"/>	Records/Reports	<input type="checkbox"/>	Compliance Schedules	<input checked="" type="checkbox"/>	Pollution Prevention		
<input type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input checked="" type="checkbox"/>	Storm Water		
<input checked="" type="checkbox"/>	Effluent/Receiving Waters	<input checked="" type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks 	WRM- SM 865-594-5548	11-12-2013
Bruce Ragon	WRM-SM 865-594-5547	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date